## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                                      |                                   |   |                                  |   | SMALL ENTITY TYPE                   |                        |                | OTHER THAN OR SMALL ENTITY |                        |  |
|--|---|---|--------------------------------------|-----------------------------------|---|----------------------------------|---|-------------------------------------|------------------------|----------------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |   |   |                                      |                                   | (Colu   | 1(111 2)                         | 1 |                                     |                        | ОН<br><b>1</b> |                            |                        |  |
|  |   |   | 24                                   |                                   |   |                                  |   | RATE                                | FEE                    | -              | RATE                       | FEE                    |  |
| FOR  |   |   | NÚMBER FILED                         |                                   | NUMBER EXTRA                                  |                                  |   | BASIC FEE                           | 385.00                 | OR             | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   |                                      | us 20=                            | * 4   |                                  |   | X\$ 9=                              | 44                     | OR             | X\$18=                     | _                      |  |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 = * ~                      |                                   |   |                                  |   | X43=                                |                        | OR             | X86=                       | ,                      |  |
| MU   | JLTIPLE DEPEN   | NDENT CLAIM PI                            | RESENT                               |                                   |   |                                  |   | +145=                               |                        | OR             | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                                      |                                   |   | olumn 2                          | • | TOTAL                               | 439                    | OR             | TOTAL                      | 11:                    |  |
| CLAIMS AS AMENDED - PART II  |   |   |                                      |                                   |   |                                  |   |                                     | <del>- ( / / / </del>  |                | OTHER                      | THAN                   |  |
| (Column 1) (Column 2) (Column 3  |   |   |                                      |                                   |   |                                  |   | SMALL                               | ENTITY                 | OR             | SMALL                      |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>OUSLY                                  | PRESENT<br>EXTRA                 |   | RATE                                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total .   | *   | Minus                                | **                                |   | =                                |   | X\$ 9=                              |                        | OR             | X\$18=                     | ,- <u>-</u> -          |  |
|  | Independent   | *   | Minus                                | ***                               |   | =                                |   | X43=                                |                        | OR             | X86=                       |                        |  |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                      |                                   |   |                                  |   | . 1 45                              |                        |                | . 200-                     |                        |  |
|  |   | *.  | 11/5                                 | iv                                |   |                                  |   | +145=                               |                        | OR             | +290=                      | •                      |  |
|  |   |   | 11"                                  |                                   |   |                                  | 4 | TOTAL<br>ADDIT. FEE                 |                        | OR             | ADDIT. FEE                 |                        |  |
|  |   | (Column 1)                                |                                      |                                   | :• :  |                                  |   |                                     |                        |                |                            |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY                                  | PRESENT<br>EXTRA                 |   | RATE                                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                | **                                | -   | =                                | Н | X\$ 9=                              |                        | OR             | X\$18=                     |                        |  |
|  | Independent   | *   | Minus                                | ***                               | <u>,                                     </u> | =                                |   | X43=                                |                        | OR             | X86=                       |                        |  |
| ٥  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEP                          | ENDENT                            | CLAIM   |                                  | l |                                     |                        |                |                            |                        |  |
| ÷ ·  |   |   |                                      |                                   |   |                                  |   | +145=                               |                        | OR             | +290=                      |                        |  |
| $\epsilon$   |   |   |                                      |                                   |   |                                  |   | TOTAL<br>DDIT. FEE                  |                        | OR             | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                                      |                                   |   |                                  |   |                                     |                        |                |                            |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY                                   | PRESENT<br>EXTRA                 |   | RATE                                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                | **                                |   | =                                |   | X\$ 9=                              |                        | OR             | X\$18=                     |                        |  |
|  | Independent   | *   | Minus                                | ***                               |   | =                                |   | X43=                                | :                      | OR             | X86=                       |                        |  |
| ٩  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                      |                                   |   |                                  |   |                                     |                        | Un             |                            |                        |  |
|  |   |   |                                      |                                   |   | _                                |   | +145=                               |                        | OR             | +290=                      |                        |  |
| ** [   | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> </ul> |   |                                      |                                   |   |                                  |   |                                     | ·                      | OR             | TOTAL<br>ADDIT. FEE        |                        |  |
| ***  | If the "Highest Nu<br>The "Highest Num  | mber Previously Pa<br>ber Previously Pai  | uid For" IN THIS<br>d For" (Total or | S SPACE is<br>Independe           | less that<br>nt) is the                       | n 3, enter "3."<br>highest numbe |   | DDIT. FEE <b>L</b><br>nd in the app | ropriate box           |                |                            |                        |  |
|  |   |   |                                      |                                   |   |                                  |   |                                     |                        |                |                            |                        |  |